2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 790980

Entity Name: UNION COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

325 SE 6TH ST.
LAKE BUTLER, FL 32054

New Principal Place of Business:

Current Mailing Address:

325 SE 6TH ST.
LAKE BUTLER, FL 32054

New Mailing Address:

FEI Number: 59-0866417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIS, ELERY
RT 4 BOX 2392
LAKE BUTLER, FL 32054 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	GRIFFIS, ELERY	
Address:	3022 S. CO. RD 231	
City-St-Zip:	LAKE BUTLER, FL 32054	
Title:	VP	( ) Delete
Name:	CRAWFORD, TOMMY	
Address:	9591 SW 65TH TER	
City-St-Zip:	LAKE BUTLER, FL 32054	
Title:	D	( ) Delete
Name:	HARRIS, DAVID	
Address:	23971 NW STATE RD. 16	
City-St-Zip:	RAIFORD, FL 32083	
Title:	D	( ) Delete
Name:	GRIFFIS, KATHERYNE	
Address:	9022 S. CO RD 231	
City-St-Zip:	LAKE BUTLER, FL 32054	
Title:	BM	( ) Delete
Name:	COSSEY, KAREN	
Address:	750 E MAIN ST.	
City-St-Zip:	LAKE BUTLER, FL 32054	
Title:	S	( ) Delete
Name:	CRAWFORD, SANDRA	
Address:	9591 SW 56TH TERR	
City-St-Zip:	LAKE BUTLER, FL 32054	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELERY GRIFFIS PRES 01/21/2009
Electronic Signature of Signing Officer or Director — Date